REPUBLIC OF KENYA

THE KENYA NATIONAL AMBULANCE CORPS ACT

An Act of the National Assembly to establish the Kenya National Ambulance Corps as a permanent institution of the Republic; to provide for the national emergency medical services network; to set statutory response time standards; to govern the deployment, training, and remuneration of emergency medical personnel; and for connected purposes.

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PART I — PRELIMINARY

Section 1 — Short Title and Commencement

(1) This Act may be cited as the Kenya National Ambulance Corps Act, 2026.

(2) This Act shall come into force on a date appointed by the President by notice in the Gazette, being not more than ninety days after the date of assent.

Section 2 — Interpretation

In this Act, unless the context otherwise requires—

- "the Corps" means the Kenya National Ambulance Corps established under Section 3;
- "the Director-General" means the chief executive appointed under Section 9;
- "emergency medical services" means the assessment, treatment, stabilisation, and transport of patients requiring urgent medical attention, including pre-hospital care and inter-facility transfer;
- "paramedic" means a person certified to the national paramedic standard under Section 16, capable of advanced airway management, intravenous access, drug administration, and clinical decision-making in the pre-hospital environment;
- "response time" means the elapsed time from dispatch confirmation to first Corps unit on scene;
- "the Response Time Standard" means the statutory response time requirements established under Section 6;
- "Community Health Paramedic" means a person trained and employed under Section 19 to provide first-response capability and community health surveillance at ward level;
- "Clan Health Warden" means a person trained and recognised under Section 20 to provide basic emergency response within a nomadic or semi-nomadic community;
- "dispatch station" means a facility operating the electronic coordination system linking Corps units to incident locations;
- "county formation" means the operational unit of the Corps deployed within a county under Section 12;
- "protected appropriation" means a budget allocation that may not be reduced below the floor established in Section 24 except by constitutional amendment;
- "the National Emergency Operations Centre" means the national command facility established under Section 14.

PART II — ESTABLISHMENT AND MANDATE

Section 3 — Establishment

(1) There is hereby established a body to be known as the Kenya National Ambulance Corps.

(2) The Corps is a permanent institution of the Republic of Kenya. Its existence and continuity shall not be subject to executive reorganisation, ministerial discretion, or changes in government.

(3) The Corps shall be a body corporate with perpetual succession, a common seal, and capacity to sue and be sued in its own name.

(4) The Corps shall not be classified as a government department, a state corporation, or a parastatal body. It shall be governed exclusively by this Act and regulations made thereunder.

Section 4 — National Mandate

The mandate of the Kenya National Ambulance Corps is—

1. to provide emergency medical services to every person within Kenya regardless of their geographic location, economic status, or ability to pay;
2. to operate, staff, and maintain a national ambulance fleet meeting the Fleet Standard prescribed under Section 7;
3. to establish and operate dispatch stations at ward, sub-county, county, and national levels forming a continuous coordinated dispatch network;
4. to recruit, train, and certify paramedics, Community Health Paramedics, and Clan Health Wardens to the standards prescribed under Part V;
5. to enforce the referral pathway of the national health hierarchy by transporting patients to the appropriate level of care as determined by clinical triage at scene;
6. to operate and maintain the National Emergency Operations Centre as the apex of the national dispatch and coordination network;
7. to collect, analyse, and publish emergency response data including response times, call volumes, patient outcomes, and county performance against the Response Time Standard; and
8. to coordinate with county governments on the deployment, fuelling, maintenance, and station infrastructure of county formations.

Section 5 — The Doctrine

(1) The Corps shall operate under the following foundational doctrine: the ambulance is the connective tissue that makes the referral logic of the national health hierarchy real rather than theoretical.

(2) The Corps does not provide transport. It provides the first clinical contact in the referral chain. Treatment begins at the moment the crew arrives on scene, not at the moment of hospital arrival.

(3) The Corps shall enforce the referral pathway by routing every patient to the appropriate level of care as determined by clinical assessment at scene, not to the nearest facility and not to a facility chosen by the patient or their family without clinical basis.

PART III — RESPONSE TIME STANDARD

Section 6 — Statutory Response Time Standard

(1) The following response time standards are hereby established as statutory obligations of the Corps and of every county formation:

ZONE	STANDARD	COVERAGE TYPE	COUNTIES
Urban	**20 minutes**	High-density metropolitan	Nairobi, Mombasa, Kisumu, Nakuru and any county the Director-General designates by order
Peri-Urban	**45 minutes**	Medium density, accessible terrain	All counties not classified as Urban or Remote
Remote	**60 minutes**	Arid, semi-arid, mountainous or sparsely populated terrain	Turkana, Marsabit, Mandera, Wajir, Garissa, West Pokot, Samburu, and any county the Director-General designates by order

(2) The Response Time Standard is a statutory obligation enforceable against the Corps and against the relevant county government. It is not a target or aspiration.

(3) The Director-General shall publish monthly response time performance data disaggregated by county, by zone classification, and by incident type, on the Corps' public digital platform within fourteen days of the end of each month.

(4) A county whose formation fails to meet the applicable Response Time Standard in any two consecutive months shall be subject to a Performance Improvement Notice issued by the Director-General, requiring the county to submit a remediation plan within thirty days.

(5) Persistent failure to meet the Response Time Standard, defined as failure in six or more months in any twelve-month period, shall trigger a joint review by the Director-General, the Council of Governors, and the National Treasury, with authority to redirect county health allocations to Corps operational costs.

PART IV — FLEET, DISPATCH AND OPERATIONS

Section 7 — Fleet Standard

(1) The Director-General shall maintain a National Fleet Register specifying the minimum fleet composition required to meet the Response Time Standard in every county.

(2) The minimum national fleet shall comprise—

- not fewer than two thousand two hundred Advanced Life Support ambulance vehicles for urban and peri-urban deployment;
- not fewer than four hundred all-terrain Advanced Life Support vehicles for deployment in Remote zones;
- not fewer than forty rotary-wing aircraft, night-capable and instrument-flight-rated, for critical inter-facility transfer and scene response where ground response cannot meet the Response Time Standard;
- not fewer than eight fixed-wing aircraft for long-distance critical transfer, with operational bases at Wilson Airport Nairobi, Eldoret, Kisumu, Malindi, Lodwar, and Garissa; and
- not fewer than twelve marine emergency response vessels for deployment on Lake Victoria and the Kenya coast.

(3) Every Advanced Life Support vehicle shall carry the minimum equipment specified in Schedule 1 to this Act, including advanced airway management equipment, intravenous access supplies, a cardiac monitor and defibrillator, obstetric emergency kit, and a trauma kit meeting the national standard.

(4) The Director-General shall review the Fleet Standard every three years and may increase minimum fleet numbers by order, but may not reduce them below the minima in subsection (2) without a resolution of the National Assembly.

Section 8 — Dispatch Architecture

(1) The Corps shall operate a four-tier dispatch architecture as follows—

- Ward Dispatch Nodes providing automated GPS-linked call routing and unit coordination at ward level;
- Sub-County Dispatch Centres providing staffed clinical oversight, complex triage, and multi-unit coordination at sub-county level;
- County Dispatch Commands providing full operational management, air asset coordination, and mass casualty incident management at county level; and

- the National Emergency Operations Centre providing national command, cross-county transfer coordination, air wing national dispatch, and real-time performance monitoring.

(2) Every dispatch tier shall be electronically linked to all other tiers in real time. A unit committed at any tier shall be visible to all superior tiers within thirty seconds of commitment.

(3) The dispatch system shall transmit the receiving crew's clinical assessment notes to the receiving facility in real time, so that the receiving facility has complete clinical information before the patient arrives.

(4) The dispatch system shall automatically escalate any call to the next superior tier if the nearest available unit cannot meet the applicable Response Time Standard.

Section 9 — Air and Marine Operations

(1) The Corps air wing shall be dispatched by county dispatch commands for inter-facility transfers and by the National Emergency Operations Centre for cross-county operations.

(2) A helicopter dispatch shall be triggered automatically where ground transport cannot achieve the applicable Response Time Standard or where the clinical severity assessment indicates that transport time materially affects patient outcome.

(3) Marine units shall be deployed from bases at Mbita, Homa Bay, Kisumu, Mombasa, Lamu, and Malindi and shall apply the applicable zone Response Time Standard for island and coastal communities.

PART V — GOVERNANCE

Section 10 — The Director-General

(1) The Corps shall be led by a Director-General who is the chief executive and accounting officer.

(2) The Director-General shall be appointed by the President subject to confirmation by a two-thirds majority of all members of the National Assembly.

(3) The Director-General shall serve a single non-renewable term of six years and shall not be removed except upon a two-thirds resolution of the National Assembly or conviction of a criminal offence.

(4) The Director-General shall not be subject to direction by any Cabinet Secretary in respect of operational, dispatch, or clinical decisions of the Corps.

Section 11 — National Command, County Deployment

(1) The Corps operates on a national command, county deployment model.

(2) The Director-General sets and enforces—

- the paramedic training standard and certification;
- clinical protocols and dispatch protocols;
- the Fleet Standard and equipment specifications;
- the Response Time Standard and its measurement methodology;
- the national remuneration guide establishing the salary floor below which no county formation may pay Corps personnel; and
- the uniform, identity, and institutional standards of the Corps.

(3) Each county shall maintain a county formation of the Corps, commanded by a County Ambulance Commander appointed by the Director-General in consultation with the relevant Governor.

(4) County governments shall be responsible for—

- fleet maintenance, fuelling, and station infrastructure within their county formation;
- remuneration of county formation personnel at not less than the national remuneration guide; and
- capital investment in station construction and fleet replacement within the National Fleet Register allocation for their county.

(5) A county government may not direct the Corps operationally, may not alter dispatch protocols, and may not instruct county formation personnel to deviate from the clinical or operational standards set by the Director-General.

Section 12 — The National Emergency Operations Centre

(1) The Corps shall establish and operate a National Emergency Operations Centre providing continuous twenty-four-hour command of the national dispatch network.

(2) The National Emergency Operations Centre shall publish the following data in real time on a publicly accessible digital platform—

- national fleet availability and deployment status;
- response times achieved per county for the preceding thirty days;
- air wing deployment status and availability; and
- any active mass casualty incident and the Corps response.

PART VI — PERSONNEL AND TRAINING

Section 13 — Paramedic Standard

(1) Every crew member of a Corps ground unit shall hold a valid paramedic certification issued or recognised by the Corps.

(2) The minimum paramedic certification shall require demonstrated competency in—

- advanced airway management including endotracheal intubation and surgical airway;
- intravenous and intraosseous access;
- drug administration including analgesics, cardiac medications, anticonvulsants, and obstetric emergency medications;
- twelve-lead electrocardiogram acquisition and interpretation;
- obstetric emergency management including emergency delivery and post-partum haemorrhage;
- major trauma management including haemorrhage control, tension pneumothorax decompression, and spinal immobilisation;
- paediatric emergency assessment and management; and
- clinical triage and referral level determination.

(3) Paramedic certification shall be renewed every three years subject to continuing professional development requirements specified by the Director-General.

Section 14 — The Community Health Paramedic

(1) The Corps shall establish and maintain a Community Health Paramedic programme providing ward-level emergency first response and community health surveillance.

(2) Community Health Paramedics shall be—

- recruited from the ward or sub-location in which they will serve, with preference for candidates who are mother-tongue speakers of the primary language of that community;
- trained to a standard below full paramedic certification but including basic emergency assessment, first aid, emergency childbirth assistance, and community health data collection;
- deployed on motorcycle with a standardised first-response kit, a connected device linked to the ward dispatch node, and the sub-county dispatch centre; and
- permanently employed, not contracted or volunteer, with a career pathway to full paramedic certification upon completion of further training.

(3) Community Health Paramedics shall conduct regular household visits within their ward catchment, collecting health surveillance data and identifying at-risk individuals for flagging to the dispensary or health centre.

(4) The Corps shall deploy not fewer than two Community Health Paramedics per ward in sedentary areas and not fewer than four in wards classified as nomadic or semi-nomadic.

Section 15 — The Clan Health Warden Programme

(1) The Corps shall establish and maintain a Clan Health Warden programme providing basic emergency response capability within nomadic and semi-nomadic communities.

(2) Clan Health Wardens shall be—

- nominated by the relevant clan elders and validated by the community they will serve;
- trained to an intermediate emergency response standard including triage, basic stabilisation, administration of first-line treatments for the common emergencies of their geographic context, and the use of Corps satellite communication devices;
- equipped with a ruggedised satellite-capable communication device enabling direct communication with the sub-county dispatch centre from any location within Kenya; and
- recognised and remunerated by the Corps as a permanent programme, not a volunteer scheme.

(3) The selection of Clan Health Wardens shall be driven by community trust. The Corps shall not impose a candidate on a community where the relevant elders have not validated that candidate.

(4) A Clan Health Warden who completes the intermediate training programme shall receive prior learning credit toward full Community Health Paramedic certification, and a Community Health Paramedic who completes further training shall receive prior learning credit toward full paramedic certification.

(5) The Corps shall deploy not fewer than one Clan Health Warden per nomadic clan unit of two hundred and fifty persons, and shall maintain a register of all deployed Clan Health Wardens and their current GPS-tracked locations.

PART VII — FINANCING

Section 16 — Protected Appropriation

(1) The National Assembly shall appropriate to the Corps in each financial year an amount sufficient to fund—

- the national command structure including the National Emergency Operations Centre;
- the air wing operational costs;
- the Corps Training Academy;
- the Community Health Paramedic programme nationally; and
- the Clan Health Warden programme nationally.

(2) The appropriation under subsection (1) is a protected appropriation and shall not be reduced below the level of the preceding year's appropriation except by a constitutional amendment approved by referendum.

(3) County formation operational costs — fleet maintenance, fuelling, station infrastructure, and county formation personnel remuneration — shall be borne by the relevant county government as a mandatory health expenditure line.

(4) No county government may reduce its Corps formation budget allocation below the floor established in the national remuneration guide without the written approval of the Director-General and the Cabinet Secretary responsible for health.

Section 17 — User Charges

(1) The Corps shall not charge a patient for emergency medical services at the point of use.

(2) The Corps may recover costs for emergency medical services from—

- the National Health Insurance Fund or its successor institution, where the patient is a registered member;
- a private insurer, where the patient holds applicable private insurance; and
- the national government, for uninsured patients, through a dedicated indigent care allocation in the national health budget.

(3) The inability of a patient or their family to pay, or the absence of insurance coverage, shall never be a reason to delay or withhold Corps services.

Section 18 — Transparency

(1) The Corps shall publish on its public digital platform, within forty-eight hours of execution—

- every procurement contract above fifty million shillings;
- every fleet acquisition order above ten million shillings; and
- every payment to a contractor or supplier above five million shillings.

(2) Monthly response time performance data published under Section 6(3) shall include county-level ranking, trend analysis, and comparison against the statutory Response Time Standard.

PART VIII — GENERAL

Section 19 — Identity and Motto

(1) The motto of the Kenya National Ambulance Corps shall be: Tiba Mapema. Usalama Daima. — Early Treatment. Safety Always.

(2) The Corps shall maintain a distinctive uniform, vehicle livery, and institutional identity establishing an immediately recognisable national emergency medical service.

Section 20 — Relationship with the Health Hierarchy

(1) The Corps shall operate as the connective tissue of the national health hierarchy established under the National Health Act.

(2) The Corps shall at all times route patients to the appropriate level of the health hierarchy based on clinical assessment, not geographic proximity, patient preference, or facility availability at any particular level.

(3) The Director-General shall enter into service level agreements with each Level 3, Level 4, and Level 5 health facility specifying the clinical handover protocols, receiving facility preparedness standards, and data sharing obligations applicable to Corps transfers.

SCHEDULE 1 — MINIMUM VEHICLE EQUIPMENT STANDARD

[Schedule 1 to be developed by the Director-General in consultation with the Kenya Medical Practitioners and Dentists Council within six months of commencement of this Act and laid before the National Assembly for approval.]

SCHEDULE 2 — PARAMEDIC CERTIFICATION STANDARD

[Schedule 2 to be developed by the Director-General in consultation with the Kenya Medical Practitioners and Dentists Council and the Kenya Pharmacy and Poisons Board within six months of commencement of this Act.]